

13

Chapman

No 43.

#11

Dysentery  
Mr Hill

admitted March 17. 1817

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Thermometer in the house  
to determine the temperature  
at most frequent & at the same time  
weather in the summer. Not time to give  
the history and cause of the disease, after-  
wards to treat and explain the nature of the  
disease in general. Although it would be not  
long time to give any thing new or inter-  
esting on the subject.

I believe it was generally admitted that  
the summer of 1855 was the warmest  
I had for many years.

In the month of May the thermometer was  
lowered to 20 being raised full during the  
month.

June was very hot the thermometer ran-  
ging from 70 to 90. frequent rains with  
loud thunder.

In July the thermometer varied from 60  
to 80 the month being warm and sunny.

August was very hot the thermometer  
ran from 70 to 90.

September was cool having a few  
rains in the month.

About the middle of May the epidemic  
made its appearance, and was very fatal,  
among the lives as far as I could learn in the

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### Observations on Dysentery.

In commencing these observations, I deemed it most prudent, to notice the state of the weather, in the Summer of 1818. Then to give the history, and cure of the disease, afterwards to treat and explain the nature of the disease in general, although it will be out of my power to offer any thing new or interesting on the Subject.

I believe it was generally admitted, that the Summer of 1818. in Virginia, was warmer than it had for many years.

In the month of May the Thermometer varied from 55 to 80. heavy rains fell during the Month.

June was very hot, the Thermometer ranging from 70 to 90. frequent rains with loud thunder.

In July the Thermometer varied from 75 to 95, the month clear, warm and sultry.

August was dry and hot, the Thermometer the same as in July.

September was cool, having a frost early in the month.

About the middle of May the Dysentery made its appearance, and was very fatal, among Children. as far as I could learn, the

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disease more or less prevailed throughout the United States. It frequently occurred with various degrees of violence; in many cases its progress was arrested, if proper remedies were used in the commencement. I found it very often complicated, assuming various forms of fever. Particularly the intermitting and remitting fever; it was sometimes combined with Typhus. In the neighbourhood in which I lived, it was generally connected with Bilious fever, particularly in those cases that were violent; this I knew of my own knowledge, and was credibly informed of its bilious tendency by many respectable gentlemen of the faculty. Bilious appearances were not only detected in the stools and urine, but the skin and eyes exhibited very marked of the diffusion of bile through the system. The disease seemed to be attended with much inflammation in the lower part of the intestinal tube, severe griping, and flatulence, the calls very frequent and bilious, preceded by expiring pails. The colour and consistence of the discharges, changed continually, sometimes the stools consisted of dark mucus tinged with blood, and at times they were of a green watery colour, and having

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a foetid smell; indeed it is almost impossible to give a correct account of the evacuations, for in thirty they never continued the same six hours together. In several patients, I observed nothing passed but blood in the afternoon, and bilious discharges in the morning; this perhaps might have been owing to a return of the fever in the afternoon of the day, which would naturally increase the inflammation in the bowels and produce hemorrhage from the small vessels diseased.

The general symptoms that characterized Dysentery last Summer, were loss of appetite, sickness of the stomach, vomiting &c. all, frequent pulse, foul tongue &c. these symptoms frequently came on before there was any disturbance of the bowels. In many cases, the chills became periodical, assuming the appearance of an intermittent, in others there was a periodical flush, that partook more of the remitting type. Fever more or less accompanied the disease through out its whole course, when most of the above symptoms became violent, great irritation seemed to pervade the whole course.

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of the intestines, attended by great prostration of strength the countenance assuming a pale appearance, the pulse lost its force and death ultimately, closed the scene. But when the disease was less violent, it was protracted to a considerable length, leaving the patient very languid, and terminating at last in bilious fever. This was uniformly the case with adults, after the disease assumed the chronic form. Many cases occurred in Children, where the disease, was suddenly removed, by an eruption on the skin. A most remarkable instance of this kind happened in the neighbourhood in a child of two years old; he had been labouring under dysentery for four weeks, his physicians despaired of his recovery, as also did the family; the usual remedies in the disease, had a fair trial, and death seemed to be the inevitable consequence; suddenly however, to the astonishment of all present, a most violent eruption of the skin appeared. The effect was, that the pulse rose, became rounded and full, attended with high fever, respiration quick and laborious, the whole frame seemed enlarged, the bowell discharge ceased and an obstinate bilious fever followed.

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This patient recovered and I believe enjoys  
good health. I never saw or heard of the dis-  
-ease affecting Adults in this way, Although  
it was very common among young Child-  
-ren. It is worthy of remark that Dysentery  
as it appeared in Virginia last Summer,  
was marked by several new symptoms, some  
some of which have been described, but a very  
unusual symptom which I consider new was  
a pain in the shoulder resembling Rheu-  
-matism, and not unfrequently a Suppu-  
-ration of Urin.

I am unable to say what situations were  
most subject to this Epidemic, but believe it  
was the opinion of Medical Men, that the disease  
was most prevalent in the neighbourhood of water  
courses. low situations seemed most unhealth-  
-thy, particularly the districts of Country sub-  
-ject to Ague and fever. As this disease seemed  
to run into the bilious remitting and inter-  
-mitting forms of fever, may not the causes  
be the same; as far as my memory serves me  
many are of this opinion, particularly Dr  
Thomas, who wrote on diseases of ~~any~~ <sup>the</sup> ~~climate~~  
-mate and no doubt a man of much infor-  
-mation. If I may be allowed a conjecture



from what I discovered last summer, I should be of opinion that the cause which produced venereal and autumnal intermitting and remitting bilious fever, are the same, that produce Dysentery, but I acknowledge my inability to prove it. The above disease was treated differently, by different Physicians, but the treatment, which I found most successful, was purgatives continued at long intervals, for a length of time, interposing mucilaginous injections and drinks, Calomel was used freely, and with much success, it seemed to act more forcibly on the coats of the intestines than milder purgatives, and brought away long quantities of indurated feces. In full plethoric habits, blood was taken from the arm, with success. In cases attended with little or no fever, the Compound powder of Speac-  
enauer seemed to be of singular service, when proper evacuations had been previously given.

Having made <sup>some</sup> general observations on Dysentery, as it appeared in Virginia. I will go on to make observations on the disease in general.

By Dysentery, I understand an inflammation of a part or the whole of the intestinal tube,

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The particular Seat of the disease seems to be the inner Coat called the Mucus Membrane. I am unable to determine whether the disease has ever pervaded the whole length of the alimentary Canal, but it appears reasonable in violent cases, that the whole length of the bowels may suffer by its ravages, but the common and most obstinate seat of the Disease seems to be the large guts, viz. the Colon and Rectum.

The disease every case seems to be attended with more or less fever, severe griping, frequent bloody stools, tenesmus, restlessness, thirst &c. the stools are not always mixed with blood, frequently in mild cases, the discharge, seems mucus, when the patient is first attacked he has frequent calls discharging, the contents of the lower bowels, the pain in a short time, becomes more severe and the stools more liquid, having a bilious, mucus, or bloody cast. Should the feces in the course of the disease, assume a natural appearance they are hard, sometimes round and called by medical writers Sphæula.

Dysentery, makes its appearance, more frequently in summer and autumn, tho I have known

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Several regular <sup>years</sup> formed in winter and spring, as  
various opinions are assigned why it should  
occur in warm climates. I believe it is oft-  
-en occasioned by cold succeeding intense heat.  
This is one of the causes which is said to pro-  
-duce the disease. I have reference here to cold  
suddenly applied to the body, and not a con-  
-tinuance of it for any length of time; when  
cold suddenly succeeds heat, perspiration is  
checked, and there may be a particular deter-  
-mination to the bowels, producing the disease.  
Sydenham seems to be of this opinion, for  
he contends that it is a fever, thrown upon  
the bowels in consequence of obstruct-  
-ed perspiration. A long drought may be  
considered as an other cause of its produc-  
-tion, for we find it prevailing sometimes in  
hot dry weather. Moisture. This may be con-  
-sidered as an other exciting cause of the dis-  
-ease, situations much exposed to heavy  
dews, such as the neighbourhoods of large riv-  
-ers, mill ponds &c. are all liable to obstruct  
-the bowels Complaints. — Bad water very  
frequently produces the complaint if used  
freely. Putrid or unhealthy food. This is also

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Said to have its influence, and no doubt pro-  
duces the disease, in many cases; But the cause  
which most frequently gives rise to Dysen-  
tery, seems to be specific contagion, and when  
a neighbourhood once becomes affected in  
this way, it spreads with astonishing rapid-  
ity. Not unfrequently the disease appears  
as an Epidemic; owing, I suppose to a pec-  
uliar condition of the Atmosphere. It seems  
evident in many instances that the Atmo-  
sphere is the medium through which we  
are assailed by many ill<sup>nesses</sup>, and I think it not  
unreasonable to suppose that it may possess  
certain principles favourable to the produc-  
tion of Dysentery.

Dysentery seems to be considered a high-  
ly contagious disease; it is acknowledged by  
many Medical Men, to be infectious. When the  
disease appears in a family, it generally affe-  
cts many of its members, some slightly, others  
with severity, this circumstance with others  
seems almost conclusive that it is infectio-  
us. This being admitted, great care should  
be taken to arrest the exciting cause. It  
would be well therefore to change the bed-  
ding frequently, as also the patients linen;

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to remove the discharges some distance from the house, fumigate the room two or three times daily, with turpentine vinegar &c. By these means some of the exciting causes of dysentery may be removed.

As it respects the cure of dysentery, the first indication seems to be, to lessen the inflammation in general, by bleeding and other evacuations. If the patient should be plethoric, with much fever, full round pulse, I should judge it necessary to bleed frequently. I am however aware that many writers, on the disease are very cautious with respect to the use of the lancet, and perhaps very properly, but, I am well assured from the few cases that have come under my observation, that bleeding has been of singular service. It should be repeated as long, as the pulse and other febrile symptoms seemed to require. The second step towards a cure, seems to be, the exhibition of purgative remedies. The bowels should be kept open freely with mild purgatives, continued daily for a length of time, viz. until most of the febrile symptoms are removed. This course should be assisted with injections, such as warm milk, and gruel Mucilage of Gum

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Arabic, Sherry, &c. the patient's drink should be mild and at the same time nourishing and mucilaginous. After proper evacuations, it will be well to determine to the surface of the body, by using mild diaphoretic remedies, for which purpose, small doses of Antimonial Medicine should be used and continued at proper intervals, in order to keep up a gentle nausea and slight perspiration. Specuantha may also be of singular service in the cure, for it seems to be a medicine that acts with much force on the Skin.

If the Abdomen be tumefied, hard and sore to the touch, in addition to fomentations and anodyne liniments, the application of a blister to it, will be found to be of great service, when the febrile symptoms have been reduced, and the bowels freely evacuated, Opium must be administered for the purpose of relieving pain, and procuring sleep. Laudanum combined with small doses of Antimonial wine, will afford much relief. Opium ~~and~~ Specuantha in the form of pill or powder, has also been given with advantage. The compound powder of Specuantha, is an excellent remedy. Opium

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Should be administered at long intervals, and not then unless the patient complains of much pain or restlessness and want of sleep. This however should depend upon the judgment of the practitioner.

I have made no mention of Emetics, although they are spoken of by some writers, under certain circumstances they may be of singular service, perhaps in cases where there is great disorder of the stomach, they may be useful.

Tonics and astringents may be used in cases of extreme weakness. The Infusion of Cinchona, Columbo, Chamaemile, or Gentian with Aromatics, may be administered freely in ~~the~~ <sup>the</sup> ~~disorder~~ of Dysentery. Whenever there appears to be any acidity in the stomach, the Chalk Lulap, or any mild absorbent, should be ordered and continued as long as acidity requires.

The Artifice of Cloathing, in the treatment of Dysentery, is of no small importance. Flannel should be worn next the skin in general, with one or two folds of it over the abdomen. This answers

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the twofold purpose of promoting perspiration, and giving the necessary support to the weakened intestines. The diet of Dysenteric patients, should be very light and easy of digestion. Mucilaginous substances should be freely given, as barley water, Rice water, Gum Arabic dissolved in water, Arrow root, Slippery elm tea Jellies &c.



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